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FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,420.00 Attomey Docket No. HO-P02005US0 METHOD OF PAYMENT (check all that apply) \[\times		Francisco en 12/09/2	004						CONTROL HUMBER	
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National Deposit Account Strate S		1011120	00		Examiner Name		M. L. Borin			
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Deposit Account Deposit Account Number 06-2375 Deposit Account Name: Fullbright & Jaworski L.L.P.	METHOD OF	PAYMENT (check a	II that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below X Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Each independent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) F	X Check	Credit Card	Money Order	None	Other (please iden	tify):			
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X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17 X Credit any overpayments X Credit X Credit any overpayments X Credit any overpayments X Credit X Credit any overpayments X Credit X Credit X Credit X Credit X Credit X C	For the	above-identified depos	sit account, the Direc	ctor is h	ereby authorize	ed to: (che	ck all that apply)		
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Signature Registration No. (Attorney/Agent) 45,546 Telephone (713) 651-5144	SUBMITTED BY									
(Autoritey/Agent)		Henry State	201			45.546	Telephone	(713) 65	1-5144	
	Name (Print/Type)	Gino Catena	<u>~~.</u>		moniey/Agent)	· · · · · · · · · · · · · · · · · · ·	Date			

SUBMITTED BY					
Signature	Geno talens	Registration No. (Attorney/Agent)	45,546	Telephone	(713) 651-5144
Name (Print/Type)	Gino Catena			Date	March 21, 2005

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Signature: Atau Havus

____ (Staci Harris)

Attorney Docket No.: HO-P02005US0

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Request for Continued Examination (1 page) Request for Extension of Time 2 months (1 page)

Amendment and Response (8 pages) IDS (Citation) by Applicant (1 page)

Information Disclosure Statement (2 pages)

Check in the amount of \$1420.00 (IDS \$180; RCE \$790; Ext./Time \$450)